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STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

H. Name of lobbyist's partnership.	, firm or corporation, if a	any:	
Bianco Professional Asso	ociation		
(Name of partnership	o, firm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603 225-7170 (Telephone)	(603) 226-0165 (Far	e-mail_attys@bi	iancopa.com_
III. This statement covers: (Choose reportable expense transactions w			y file a separate re
reportable expense transactions w	inch are not attributable	to any one enemy.	
X All reportable transactions occur	ring in the months prior to	the reporting date relative to the	e following client:
WellCare Health Plans, In			
	Client as it appears on the L	obbyist Registration Form)	
<u>OR</u>	To the design of the state of the	la la dini di anti di a	time listed balance
 All reportable transactions by the unrelated to any particular elient. 	ionnyist (including the to	boyist's family), or the loboying	illili fisted below v
IV. Date of Report April 26, 20		July 26, 2017	
Reports cover: activity from date of October 25.	registration to 3/31/17	activity from 4/1/17 to 6/30/17 January 31, 2018	
	, 2017 - A /1/17 to 9/30/17	activity from 10/1/17 to 12/31/	17
			ha laat namant
V. There have been no fees reco If this box is checked, complete just a Concord, NII 03301.	eived and no reportable this form and submit it to	the Secretary of State's Office, S	tate House, Room 2
VI. Theck if additional reports are	e attached:		
If you have received fees or made	de expenditures, you must	file Addendum A- Fees and Es	rpenses
E. If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, y	ou must file Addendum B Rep	oort of Honorariums
If you, your firm, or your family	has made political contri	butions, you must file Addendu	m C– Political Con
_			
Sworn Statement/Affirmation by	Lobbvist		
I have read RSA 15, RSA 5-B, RSA	A 14-C and RSA 664 and	hereby swear or affirm that the f	oregoing information
and complete to the best of my know	Hedge and belief.	1.12-1	17
\\//		<u>lo 25</u>	1 /
(Signature of lobbyist)		(Dat	e)
James J. Bianco, 🖟.			
(Print Name of lobbyist)			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

		Addendum A (RSA Chapter 15:6)				
1. N	ame of Lobbyist(s) Jame	es J. Bianco, Jr., Adam Sch	midt, Karen Soucy	, Kat	thy Corey	Fox
11. 3	Name of lobbyist's part	nership, firm or corporatio	on, if any:			
	Bianco Professional A					
		ership, firm or corporation)				
HI.	Name of Client WellCa	re Health Plans, Inc.	-	Date .	10/25/17	7 ——————
Indi to lo incl	obbying, including fees fo	all fees received from the client r services such as public advoc g legislation, and related lega	eacy, government related work. The gross for	tions, ee an	or public re nount report	elations services ed shall not be
a) 1	Total of all fees received in	this reporting period	a) .	\$ <u></u>	5,282 	
b)		his calendar year, prior to this real of all prior monthly reports for	eporting period b)	\$	21,875	
c)	Total of all fees received t (Add lines a and b)	o date	e)	\$	37,157	
	Indicate the amount of any yet been paid	such fees that are due, but have	e not	\$_	0	
Lob fees the Exp duri indi lunc bein (c) a any cere resta	lobbyist(s)/firm that are enses are to be reported ing the reporting period for vidual expenses where the where the cost was \$25 kg lobbied, purchase of a can itemized statement of expurpose not covered by emonial object to be given aurant expenses for a leg	ships, firms, or corporations are be filed for expenditures made unrelated to any one client a sin one of three categories of e or salaries, benefits, support state expenditure was of \$25.00 or .00 or less, purchase of a pen were monial object given to a per ach individual expenditure made (a) (for example: purchase of a to the subject of lobbying wi islative reception). Expenses on separate addendums and sho	relative to each client separate report may be expenses: (a) the agg aff, and office expense less (for example: movith a value of less that rson being lobbied with e during this reporting a meal with value of the a value greater that for honorariums, exp	and be fil regate es; (be als part \$10 th a v perior great n \$25 ense	if expenditured for the let total of all of the aggregourchased du that is give alue of \$25. od of greater than \$25, but not greimburseme	res are made by obbyist(s)/firm. I expenses paid gate total of all tring a business on to the person 00 or less); and than \$25.00 for , purchase of a reater than \$50,

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	11,532
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) S 34,032
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
· ————————————————————————————————————	\$
	\$
	\$
<u> </u>	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
	10/25/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Aff	īrma	tion	by	Lobbyist
Statem	ent of	Income	and	Expe	ense	es for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association				
			corporation and not related to any	
particular client): We	ellCare Health Plans	s, Inc.		
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🕱	January 31, 2018 □	
the following Addend submitted):	ums submitted with the		nd Expenses described above, and umber of Addendum forms being	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
	rm that the foregoing in f my knowledge and bel		nt and each Addendum is true and	
(Signature of lobbyist)			18/19/17 - (Date)	
Karen Soucy		·		
(Print Name of lobbyi	st)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): WellCare Health Plans, Inc.
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ☒ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. 19 (th) blu 3017 (Date)
Kathy Corey Fox (Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Profes	sional Association
Name of Client (leave blank if Statement is for the partnership, firm, or	
Date of Report (check one):	
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 🎛	January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income a the following Addendums submitted with that Statement (insert the r submitted): Addendum A(s).	
Addendum B(s). Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Stateme complete to the best of my knowledge and belief. (Signature of lobbyist)	ent and each Addendum is true and Off (7 (Date)
Adam Schmidt	
(Print Name of lobbyist)	